

REVOCATION FORM FOR REMOVING CONSULTANTS AS AUTHORIZED RP AGENTS

FACILITY GLOBAL ID #:

SITE OWNER, OPERATOR, OR RESPONSIBLE PERSON (RP) AND ADDRESS::
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FACILITY/ LEAK SITE ADDRESS:	CITY	STATE	ZIP CODE
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The above identified person does hereby revoke the access authorization for:

DESIGNATED AUTHORIZED REPRESENTATIVE NAME:
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COMPANY NAME:

COMPANY ADDRESS	CITY	STATE	ZIP CODE
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to upload electronic data to the GeoTracker database of analytical and survey data pertaining to the site identified above.

This Revocation of Authority for designation of a representative shall become effective on the date of execution and shall remain in effect until terminated, in writing, by the above-named owner / operator or responsible person.

EXECUTED THIS _____ DAY OF _____, 20 _____

ADDRESS _____

OWNER / OPERATOR OR RP SIGNATURE

PHONE NUMBER

OWNER / OPERATOR OR RP NAME

**If you don't have a Geotracker account you can apply via
the login page at:**

<https://esi.waterboards.ca.gov/ab2886/>

**Request your facility online and then FAX or mail the
completed form to the address at right.**

FAX (or Mail) to: Hamid Foolad

FAX (916) 341- 5808

Voice (916) 341- 5791

SWRCB

P.O. Box 2231

Sacramento, CA 95812